



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
**MUNICIPAL SOLID WASTE TRANSFER ACTIVITIES
DISCLOSURE STATEMENT SWF-16**

This form shall be used to submit the disclosure statement required by IC 13-20-6-2 before commencement of solid waste transfer activities. Upon completion submit this form with all additional material to the following address:

**ATTENTION: Solid Waste Transfer Activities Disclosure Statement
Office of Land Quality-Solid Waste Permits Section
Indiana Department of Environmental Management
100 North Senate Avenue Suite 1154
P.O. Box 6015
Indianapolis, Indiana 46206-6015**

SECTION A: FACILITY INFORMATION

Facility/Company Name _____				
Mailing Address _____				
Street				
City	County	State	Zip	

This statement is for:

- ☐ a broker
☐ a transfer station
☐ a transporter
☐ other (please specify) _____

SECTION B: OPERATOR INFORMATION

The operator may be a corporation, a partnership, a business association, a unit (as defined in IC 36-1-2-23), or an individual who is a sole proprietor of one (1) of the following: a broker, a manager of a transfer station that receives municipal waste, or a transporter. Each operator shall provide the following information; please attach additional pages as necessary.

Operator Name _____				
Business Address _____				
Street				
City	County	State	Zip	
Social Security Number _____				
(or Federal Tax Number if Applicant is not an individual)				

SECTION C: RESPONSIBLE PARTY INFORMATION

A responsible party may be an officer, a corporation director, or a senior management official of a corporation, partnership, or business association that is an operator. A responsible party may also be any individual that has overall environmental responsibilities with the operator. In addition, a responsible party may also be an individual, a corporation, a partnership, or a business association that owns, directly or indirectly, at least a twenty percent (20%) interest in the operator. More than one responsible party may exist for an operator. Each responsible party shall complete the following information; attach additional pages as necessary.

Responsible Party Name				
Business Address				
	Street			
	City	County	State	Zip
Social Security Number (or Federal Tax Number if Responsible Party is not an individual)				
Relationship to Operator				

Responsible Party Name				
Business Address				
	Street			
	City	County	State	Zip
Social Security Number (or Federal Tax Number if Responsible Party is not an individual)				
Relationship to Operator				

Responsible Party Name				
Business Address				
	Street			
	City	County	State	Zip
Social Security Number (or Federal Tax Number if Responsible Party is not an individual)				
Relationship to Operator				

SECTION D: DISCLOSURE STATEMENT

Each Operator and Responsible Party identified in Sections B and C shall complete a separate Section D and Section E. The Section D requirement may be satisfied by providing all information required by either Section D1 or Section D2. Please indicate that the required item has been provided or does not apply by initialing in the space provided.

THIS DISCLOSURE STATEMENT IS PROVIDED FOR:

Name (print or type) _____

Acting as Operator or Responsible Party (specify) _____

SECTION D1:

- A) The information concerning legal proceedings that is required under Section 13 or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq) and that the operator or responsible party has reported under Form 10-K.

Not Applicable _____ Provided _____

- B) A decision of all judgments that have been entered against the operator or responsible party in a civil or administrative complaint for the violation of any state or federal environmental protection law and that have imposed upon the operator or responsible party a fine or penalty of more than ten thousand dollars (\$10,000) within a five (5) years before the date of the submission of the application.

Not Applicable _____ Provided _____

- C) A description of all judgments of conviction entered against the operator or responsible party for the violation of any state or federal environmental protection law within 5 (5) years before the date of submission of the application.

Not Applicable _____ Provided _____

SECTION D2:

- A) A description of the operator's or responsible party's experience in collection, transportation and disposal of municipal waste. Include the name and business address for employers, the State Permit number for the facility, the type of work experience and the length of time employed.

Not Applicable _____ Provided _____

- B) A description of all civil or administrative complaints against the operator or responsible party for the violation of any state or federal environmental protection law that have resulted in a fine or penalty of more than ten thousand dollars (\$10,000) within five (5) years before the date of the submission of the application.

Not Applicable _____ Provided _____

- C) A description of a civil or administrative complaints against the operator or responsible party for the violation of any state or federal environmental protection law that allege an act or omission that constitutes a material violation of state or federal environmental protection law and that presented a substantial endangerment to the public health or the environment.

Not Applicable _____ Provided _____

- D) A description of all pending criminal complaints alleging the violation of any state or federal environmental protection law that have been filed against the operator or responsible party within five (5) years before the date of submission of this disclosure document.

Not Applicable _____ Provided _____

- E) A description of all judgments of criminal conviction entered against the operator or responsible party within five (5) years before the date of submission of this disclosure document.
Not Applicable_____ Provided_____
- F) A description of all judgments of criminal conviction of a felony constituting a crime of moral turpitude under the laws of any state or the United States that are entered against the operator or responsible party within five (5) years before the date of submission of this disclosure document.
Not Applicable_____ Provided_____
- G) A description of all federal, state, and local environmental permits, including all identification numbers, that the operator or responsible holds.
Not Applicable_____ Provided_____
- H) The following information will be used by IDEM to complete a Request for Limited Criminal History Information if additional concerning an operator or responsible party is determined to be necessary.
Date of birth _____ Sex _____ Race _____

SECTION E: SIGNATORIES

I affirm that all information contained in this disclosure statement and any attachments is, to the best of my knowledge, true and accurate. I also realize that any information provided in this disclosure statement that was knowingly incorrect may subject me to the penalty for perjury under IC 35-44-2-1.

OPERATOR/RESPONSIBLE PARTY

DATE

ACKNOWLEDGMENT

State of _____)
County of _____)SS

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____ known by me to be the person who executed the foregoing instrument, signed the same and acknowledged to me that he/she did so sign the same, and that his/her free act and deed and that the statements made in the foregoing instrument are true.

IN WITNESS WHEREOF, I have set my hand and official seal this _____ day
of _____, 19_____.

I am a resident of _____ County, _____

Notary Public

My Commission Expires: